

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS478ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2010
NAME OF PROVIDER OR SUPPLIER MEDICAL DISTRICT SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 GOLDRING SUITE 300 LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused survey and complaint investigation conducted in your facility on 01/02/10 and finalized on 01/03/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>Complaint #NV00024223 was substantiated with deficiencies cited. (See Tag A144) Complaint #NV00024017 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	A 00	<p><i>Accepted 3/15/10 after receiving additional documentation A102</i></p> <p><i>Updysone, EV</i></p>	
A 88 SS=D	<p>NAC 449.982 Sanitation and Housekeeping</p> <p>The administrator shall ensure that the sanitation and housekeeping staff of the center:</p> <p>2. Keeps the center free of offensive odors, dirt and hazards.</p> <p>This Regulation is not met as evidenced by:</p>	A 88	<p>Tag A88</p> <p>a) The patients who may have been affected have been discharged from MDSC and it is not possible to address these patients. b) All patients, staff, and visitors who would use the blocked evacuation route are identified as potentially being affected by this tag.</p> <p>c) 1. The portion of the main evacuation route in the PACU area will be striped with tape to ensure its route remains clear. No equipment will be placed</p>	c) 1. 02/24/10

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6889

ROYO11

TITLE

ADMINISTRATOR

(X6) DATE

2/25/10

RECEIVED

Continuation Sheet 1 of 1

FEB 25 2010

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS478ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2010
NAME OF PROVIDER OR SUPPLIER MEDICAL DISTRICT SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 GOLDRING SUITE 300 LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 88	Continued From page 1 Based on observation and document review the facility failed to ensure a main evacuation route at the center was clear of hazards and not blocked by numerous gurneys and wheelchairs. Severity: 2 Scope: 3	A 88	within the boundaries of the striped evacuation route, and c) 2. In-service training to clinical staff on the need to keep the main evacuation route clear for passage. d) 1. Oversight by CNO. e). CNO is responsible for accomplishing and monitoring compliance with the corrective actions.	c) 2. 02/18/10
A100 SS=E	NAC 449.983 Protection from Fires and Other Disasters 1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for: (g) The conduct of fires drills not less frequently than once each quarter for each shift of employees and requirements for a dated, written report and an evaluation of each drill. This Regulation is not met as evidenced by: Based on interview and document review the facility failed to ensure fire drills were conducted once each quarter for the year of 2009 and a written report and evaluation was completed on each drill and on record at the facility. Severity: 2 Scope: 2	A100	Tag A100 a) The patients who may have been affected have been discharged from MDSC and it is not possible to address these patients. b) All patients admitted in 2009, staff employed in 2009, and visitors in MDSC in 2009 in which a fire drill was not performed for that specific quarter were identified as potentially being affected by this tag. c)1. MDSC will perform quarterly fire drills, and c) 2. MDSC will incorporate the drills into its master yearly calendar to designate the month in which the quarterly fire drill will occur [Attachment 1]. d) Oversight by CNO and quarterly audits on the second month of each quarter to ensure fire drills are completed. e). CNO is responsible for accomplishing and monitoring compliance with the corrective actions.	c) 1. 02/24/10 for the first quarter.
A102 SS=E	NAC 449.983 Protection from Fire and Other Disaster 1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in	A102	Tag A102 a) The patients who may have been affected have been discharged from MDSC and it is not possible to address these patients. b) All patients admitted in 2009, staff employed in 2009, and visitors in MDSC in 2009 were identified as potentially being affected by this tag.	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

ROYO11

If continuation sheet 2 of 6

RECEIVED
FEB 25 2010

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

PRINTED: 02/04/2010
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS478ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2010
---	--	--	---

NAME OF PROVIDER OR SUPPLIER MEDICAL DISTRICT SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 GOLDRING SUITE 300 LAS VEGAS, NV 89106
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------------	--	---------------------	--	--------------------------

A102 Continued From page 2

the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for:
(i) A rehearsal and a review of the plan at least once each year with a separate rehearsal for other disasters at least once each year. A written report and evaluation of each rehearsal must be on file.
This Regulation is not met as evidenced by:
Based on interview and document review the facility failed to conduct an annual disaster drill for the year 2009 and failed to have any written reports or evaluations of disaster drills on record at the facility.

Severity: 2 Scope: 2

A102

c) 1. MDSC will perform an annual disaster drill, and c)2. MDSC will incorporate the disaster drill into its master yearly calendar to designate the month in which the annual disaster drill will occur [Attachment 1].
d) Oversight by CNO and an audit on the 6th-7th month of the year to ensure a disaster drill has been performed.
e). CNO is responsible for accomplishing and monitoring compliance with the corrective actions.

c).1.
02/19/10
Bomb
Drill

A103
SS=D NAC 449.983 Protection from Fire and Other Disasters

2. An ambulatory surgical center must be equipped with an automatic sprinkler system that is in good working condition and is approved by the state fire marshal.
This Regulation is not met as evidenced by:
Based on observation the facility failed to ensure 2 sprinkler heads in operating room #1 and 4 sprinkler heads in the post anesthesia care unit were free from an accumulation of dust and dirt and were in good working condition.

Severity: 2 Scope: 2

A103

Tag A103
a) The patients who may have been affected have been discharged from MDSC and it is not possible to address these patients. b) All persons present in MDSC in 2009 were identified as potentially being affected by this tag.
c) 1. Building maintenance services has cleaned the cited as well as all of the sprinkler heads in MDSC. c) 2. MDSC has secured an agreement with its building maintenance service to inspect and clean all sprinkler heads on a rotation basis at least twice a year to keep our fire sprinkler system in clean, good working condition. d) Oversight by CNO. e). CNO is responsible for accomplishing and monitoring compliance with the corrective actions.

c) 1.
02/23/10

A118
SS=D NAC 449.9855 Personnel

3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without limitation:

A118

Tag A118 -See page 4

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

R0Y011

If continuation sheet 3 of 6

RECEIVED

FEB 25 2010

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS478ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2010
---	---	--	--

NAME OF PROVIDER OR SUPPLIER MEDICAL DISTRICT SURGERY CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 GOLDRING SUITE 300 LAS VEGAS, NV 89106
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------------	--	---------------------	--	--------------------------

A118 Continued From page 3
(d) Such health records as are required by chapter 441A of NAC.

This Regulation is not met as evidenced by:
Based on record review and document review the facility failed to ensure 1 out of 8 employees had evidence of a physical examination or certification from a licensed physician that the person was in a good state of health and free from active tuberculosis and any other communicable disease in a contagious stage. (Employee # 6)

Severity: 2 Scope: 1

A144 SS=D NAC 449.989 Medical Records: Contents

The medical record of each patient must be complete, authenticated, accurate and current, and must include the following information:
7. Reports of all studies ordered, including laboratory and radiological examinations.
This Regulation is not met as evidenced by:
Based on record review and document review the facility failed to ensure a patients medical record was complete and accurate and contained laboratory studies and reports ordered by the physician.(Patient#2)

Severity: 2 Scope: 1

Complaint # NV00024223

A167 SS=D NAC 449.9905 Pharmacist Required

5. Drugs may not be kept in stock after the expiration date on the label. Obsolete, contaminated or deteriorated drugs must be destroyed.

A118

a) The patients who may have been affected have been discharged from MDSC and it is not possible to address these patients. b) All persons in MDSC between 05/30-06/10/09 were identified as potentially being affected by this tag. The employee was cleared to be in a good state of health, free from active tuberculosis on 06/10/09. c) 1. No potential employee will be hired until tuberculosis testing is completed. c) 2. The completion of tuberculosis testing will be added to the pre-hire checklist for anticipated new hires. d) Oversight by CNO. e). CNO is responsible for accomplishing and monitoring compliance with the corrective actions.

c) 2.
02/22/10

A144

Tag A144
a) The patient has been discharged from MDSC and it is not possible to address patients. b) All patients, former and future, who receive MD's orders for pre admission testing are identified as potentially being affected. c) 1. The PreOp Nurse will assure result(s) of the ordered pre-admission test(s) is in the patient's chart. If the result(s) are not present, the nurse will inform the ordering M.D., c) 2. The nurse will document these actions on the PreOp Checklist Form and on revised MDSC's Verification/Signature Checklist, [Attachment 2, #4.c.], c) 3. To prevent possible confusion about the location to get the lab work done, the MD's order form for pre admission testing alerts the patient that pre-admission testing is not done at MDSC, and c) 4. CNO will do in-service training on corrective actions. d) Oversight by CNO. The CNO will quarterly audit medical records of the identified patients on a random, real time basis. A similar audit will be performed for 3 months (March-May 2010) and as needed to ensure corrective actions are sustained. e) CNO is responsible for accomplishing and monitoring compliance with the corrective actions.

c) 4.
02/19/10

Tag A167 - See page 5

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement or deficiencies.

STATE FORM

6899

R0Y011

RECEIVED
FEB 25 2010
BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Continuation sheet 4 of 6

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS478ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2010
NAME OF PROVIDER OR SUPPLIER MEDICAL DISTRICT SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 GOLDRING SUITE 300 LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A167	Continued From page 4 This Regulation is not met as evidenced by: Based on observation, interview and the facilities medication storage policy and procedure review, the facility failed to ensure 3 bags of intravenous fluids containing Lactated Ringers were not kept in stock after the expiration date on the label. Severity: 2 Scope: 1	A167	a) The patients who may have been affected have been discharged from MDSC and it is not possible to address these patients. b) The patients admitted to MDSC from 08/09, date of the expired fluids, to the date of its discovery (02/02/10) are identified as are identified as potentially being affected by this tag. c) 1. The nurses will perform audits twice a month for expired fluids and medications in the PreOp/PACU area and document findings. c) 2. At minimum, one week before their expiration dates, the nurses will remove and correctly destroy or dispose fluids and medications from stock. [Attachment # 3]. d) Oversight: The CNO will audit the findings. e) CNO is responsible for accomplishing and monitoring compliance with the corrective actions.	
A9999	Final Comments Adopted Regulation of the State Board of Health LCB File No. R096-08 Effective October 25, 2008 Chapter 449 NAC Section 15. Each program for the prevention and control of infections and communicable diseases must include policies and procedures to prevent exposure to blood-borne and other potentially infectious pathogens, including, without limitation, policies and procedures related to: 4. The proper handling of sharp instruments and the disposal of sharp instruments. 8. The proper handling of equipment, instruments and devices. Those policies and procedures must, at a minimum, require an ambulatory surgical center to: a. Sterilize and disinfect reusable items as described in subsection 6; b. Properly dispose of single use equipment, instruments and devices after use. Based on observation, interview and review of the	A9999		

RECEIVED
FEB 25 2010

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

R0Y011

If continuation sheet 5 of 6

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS478ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/03/2010
NAME OF PROVIDER OR SUPPLIER MEDICAL DISTRICT SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2020 GOLDRING SUITE 300 LAS VEGAS, NV 89106		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A9999	Continued From page 5 facilities safe injection practices policy, the facility failed to ensure a staff member who used single dose vials of moderate sedation/analgesia medication and syringes properly disposed of the used syringes and vials in a sharps container at the end of each surgical case. (Employee #9) Severity: 2 Scope: 2	A9999	Tag A999 a) The patient has been discharged from MDSC and it is not possible to address patients. b) All patients scheduled by the attending physician for supervised intravenous conscious sedation by a qualified registered nurses (IVCS RN) are identified as potentially being affected by this tag. c) 1. The IVCS RN will dispose of all used single dose medication vials and syringes directly into the Sharps container at the end of each surgical case, and c) 2. In service training to all nurses for disposal of all used medication vials and syringes immediately after each use or after each surgical case.	c) 1. 02/03/10	c) 2. 02/03/10 02/19/10

RECEIVED
FEB 25 2010

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

STATE FORM

6899

R0Y011

If continuation sheet 6 of 6